

Summary of Benefits

Plan 7

Benefit	Co-Payment
Annual Maximum	No Annual Maximum
Deductible	No Deductible
Office Visit	\$5 per Visit
Diagnostic & Preventive Services	
Routine & Emergency Exams	Covered at 100%
All X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
Fluoride Treatment	Covered at 100%
Sealants	Covered at 100%
Head & Neck Cancer Screening	Covered at 100%
Oral Hygiene Instruction	Covered at 100%
Periodontal Charting	Covered at 100%
Periodontal Evaluation	Covered at 100%
Restorative Dentistry & Prosthetics	
Fillings (Amalgam)	Covered at 100%
Permanent Crowns	\$45
Complete Upper or Lower Denture	\$65
Partial Upper or Lower Denture	\$95
Bridge (Per Tooth)	\$45
Endodontics & Periodontics	
Root Canal Therapy	Covered at 100%
- Anterior	Covered at 100%
- Bicuspid	Covered at 100%
- Molar	Covered at 100%
Osseous Surgery (Per Quadrant)	Covered at 100%
Root Planing (Per Quadrant)	Covered at 100%
Oral Surgery	
Routine Extraction	Covered at 100%
Surgical Extraction	Covered at 100%
Orthodontia	
Pre-Orthodontic Service	\$150*
Comprehensive Orthodontia	\$1,500 Co-pay & \$10 office visit
Dental Implants	
Pre-Implant Service	\$150*
Single Tooth	\$3,180
Full Denture (2 Implants)	\$5,275
Each Additional Tooth	\$2,160
Miscellaneous	
Dental Lab Fees	Covered at 100%
Local Anesthesia (Novocain)	Covered at 100%
Nitrous Oxide (Per Visit)	\$15
Missed Appointment Fee	\$20
Out of Area Emergency Care Is Reimbursed Up to \$100	

* Fee is credited towards comprehensive co-payment if member accepts treatment plan.

Summary of Benefits

Plan 8

Benefit	Co-Payment
Annual Maximum	No Annual Maximum
Deductible	No Deductible
Office Visit	\$10 per Visit
Diagnostic & Preventive Services	
Routine & Emergency Exams	Covered at 100%
All X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
Fluoride Treatment	Covered at 100%
Sealants	Covered at 100%
Head & Neck Cancer Screening	Covered at 100%
Oral Hygiene Instruction	Covered at 100%
Periodontal Charting	Covered at 100%
Periodontal Evaluation	Covered at 100%
Restorative Dentistry & Prosthetics	
Fillings (Amalgam)	Covered at 100%
Permanent Crowns	Covered at 100%
Complete Upper or Lower Denture	Covered at 100%
Partial Upper or Lower Denture	Covered at 100%
Bridge (Per Tooth)	Covered at 100%
Endodontics & Periodontics	
Root Canal Therapy	Covered at 100%
- Anterior	Covered at 100%
- Bicuspid	Covered at 100%
- Molar	Covered at 100%
Osseous Surgery (Per Quadrant)	Covered at 100%
Root Planing (Per Quadrant)	Covered at 100%
Oral Surgery	
Routine Extraction	Covered at 100%
Surgical Extraction	Covered at 100%
Orthodontia	
Pre-Orthodontic Service	\$150*
Comprehensive Orthodontia	\$1,500 Co-pay & \$10 office visit
Dental Implants	
Pre-Implant Service	\$150*
Single Tooth	\$3,180
Full Denture (2 Implants)	\$5,275
Each Additional Tooth	\$2,160
Miscellaneous	
Dental Lab Fees	Covered at 100%
Local Anesthesia (Novocain)	Covered at 100%
Nitrous Oxide (Per Visit)	\$15
Missed Appointment Fee	\$20
Out of Area Emergency Care Is Reimbursed Up to \$100	

* Fee is credited towards comprehensive co-payment if member accepts treatment plan.